

031504

13281 U.S. PTO

## NONPROVISIONAL PATENT APPLICATION

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Attorney Docket No.: 119099

Date: March 15, 2004

## MAIL STOP PATENT APPLICATION

Customer Number: 25944

NONPROVISIONAL APPLICATION TRANSMITTAL  
RULE §1.53(b)

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

17510 U.S. PTO  
10/799744

031504

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application

For (Title): INFLATABLE CUFF FOR BLOOD PRESSURE MEASUREMENT

By (Inventors): Hideo NISHIBAYASHI

- ☒ Formal drawings (Figs. 1-6; 2 sheets) are attached.  
☐ Use Figure \_\_\_\_\_ for front page of Publication.  
☐ A Declaration and Power of Attorney is filed herewith.  
☐ This application claims benefit of Provisional Application No. \_\_\_\_\_ filed \_\_\_\_\_.  
(A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.)  
☒ This patent application is assigned to COLIN MEDICAL TECHNOLOGY CORPORATION.  
☐ The executed Assignment is filed herewith.  
☐ An Information Disclosure Statement is filed herewith.  
☒ Entitlement to small entity status is hereby asserted.  
☒ A Preliminary Amendment is filed herewith.  
☒ Priority of foreign application No. 2003-077974 filed March 20, 2003 in Japan is claimed (35 U.S.C. §119).  
☐ A certified copy of the above corresponding foreign application is filed herewith.  
☐ This application is NOT to be published under 35 U.S.C. 122(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication of applications 18 months after filing.  
☒ The filing fee is calculated below:

CLAIMS IN THE APPLICATION AFTER ENTRY OF  
ANY PRELIMINARY AMENDMENT NOTED ABOVE

FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	9 - 20	= 0 *
INDEP CLAIMS	1 - 3	= 0 *
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS PRESENTED		

\* If the difference is less than zero, enter "0".

## SMALL ENTITY

RATE	FEE
	\$ 385
x 9 =	\$
x 43 =	\$
+ 145 =	\$
TOTAL	\$ 385

OR

OR

OR

OR

OR

OR

OTHER THAN A  
SMALL ENTITY

RATE	FEE
	\$ 770
x 18	\$
x 86	\$
+ 290	\$
TOTAL	\$

- ☒ Check No. 152109 in the amount of \$385.00 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,



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